

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 408 OF 448
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Gloria A Krieger			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 30 / 2014	
Mailing Address 1392 Lee Street			Amount 10.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : cdf7f373-8209-4a0d-b Date of Disbursement or Obligation MM / DD / YYYY 06 / 30 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		264411.29	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Gloria A Krieger			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 30 / 2014	
Mailing Address 1392 Lee Street			Amount 0.30	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : b3a432c9-4ea1-4b75-8 Date of Disbursement or Obligation MM / DD / YYYY 06 / 30 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		264411.29	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			10.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 11 / 12 / 2014